

Town of Arlington Assessors Office 730 Massachusetts Avenue Arlington, MA 02476

Telephone: (781) 316-3050 Fax: (781) 316-3059

assessors@town.arlington.ma.us

This form is for mailing address and/or ownership changes/corrections.

Please note: If your real estate tax is paid through escrow of if you have enrolled for electronic notification, a valid, current mailing address is still required to be on file for your real estate property located in Arlington.

If you are in the process of selling, or have sold your property in Arlington please do not use this from.

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		DATE:	
PROPERTY LOCATION:		CONDO UNIT #:	
CURRENT OWNER(S):			
	NEW MAILING ADDRESS (PI	EASE PRINT CLEARLY)	
Number	Street		Unit
	City/Town	State	Zip Code
	OWNERSHIP/TRUSTEE(S) C	HANGES if applicable	
New Owner(s) or Trustee(s):			
Date change was record Ownership & Tru	ded: stee changes are verify by examining deeds and	other documents recorded with the Regi	stry of Deeds.
Prior Owner or Trustee(s):			
	NAME CORRECTION	S if applicable	_
Corrected Owner Name(s):			
	operty Manager of the above property and am		he Town of Arlington.
Felephone number or e	mail:	naturo must be from an owner o	r authorized agent

i his form is not acceptable without a signature, and that signature must be from an owner or authorized agent.

OFFICE USE ONLY			
Processed by:	Date activity entered:		
Comments:			